

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. 10/393833		FILING DATE					
CLAIMS														
	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT			AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.	
1			1				51							
2							52							
3							53							
4							54							
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45							95							
46							96							
47							97							
48							98							
49							99							
50							100							
TOTAL IND.			4				TOTAL IND.							
TOTAL DEP.			55				TOTAL DEP.							
TOTAL CLAIMS			59				TOTAL CLAIMS							